



MISSOURI DEPARTMENT OF REVENUE
DIVISION OF TAXATION AND COLLECTION
PO BOX 300
JEFFERSON CITY, MO 65105-0300
**ASSIGNMENT OF CERTIFICATE
OF DEPOSIT — FUEL TAX**

FORM
4753
(REV. 10-2003)

**REQUIREMENTS FOR COMPLETING FORM
THIS FORM CANNOT BE ALTERED**

Completed by a state or federally chartered financial institution.
Signed by applicant.
Signed by official from financial institution.
Signature of official from financial institution must be notarized.
C.D. issued in the name of applicant "AND" the Missouri Department of Revenue, must be endorsed by the applicant and accompany this form.

OWNER'S NAME

BUSINESS ADDRESS

CITY

STATE

ZIP CODE

For and in consideration of the issuance of a fuel tax license by the Missouri Department of Revenue, I, _____, (NAME OF TAXPAYER)
being of lawful age, assign and transfer the Certificate of Deposit for _____ (\$ _____), (AMOUNT)
Certificate of Deposit No. _____, issued _____, (MONTH, DAY) _____, by
_____, of _____, (NAME OF FINANCIAL INSTITUTION) (FINANCIAL INSTITUTION'S ADDRESS)
as security to the Missouri Department of Revenue in lieu of a cash bond.

I understand that at any time a delinquency occurs, the Missouri Department of Revenue may redeem the Certificate of Deposit assigned by this instrument and apply the proceeds to such delinquency. I understand that if I comply with all the provisions of the law and any amendments, and, in particular, pay all taxes, fees, interest and penalties due and owing, then the Director of Revenue will, at the discontinuance of the licensing requirements, release the Certificate of Deposit.

I HAVE READ THE FOREGOING AND FULLY UNDERSTAND IT AND CERTIFY THAT I AM THE TAXPAYER SUBJECT TO THIS ASSIGNMENT OR I HAVE THE AUTHORITY TO EXECUTE THIS ASSIGNMENT ON BEHALF OF THE TAXPAYER. Witness my hand
this _____ day of _____, _____.

TAXPAYER OF RECORD

BUSINESS NAME

_____, (OWNER, OFFICER, PARTNER, OR MEMBER SIGNATURE) _____, (TITLE) _____, HEREBY ACKNOWLEDGES
AND AGREES TO HONOR THE FOREGOING ASSIGNMENT.

FINANCIAL INSTITUTION ACKNOWLEDGEMENT

BANK	PHONE NUMBER	BY (SIGNATURE OF BANKING OFFICIAL)
BANK OFFICIAL'S NAME TYPED OR PRINTED		TITLE

NOTARY PUBLIC (BANK OFFICIAL'S NAME MUST BE NOTARIZED)

NOTARY PUBLIC EMBOSSEY OR BLACK INK RUBBER STAMP SEAL	STATE	COUNTY (OR CITY OF ST. LOUIS)
	SUBSCRIBED AND SWORN BEFORE ME, THIS	
	DAY OF	
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES
NOTARY PUBLIC NAME (TYPED OR PRINTED)		

USE RUBBER STAMP IN CLEAR AREA BELOW.

INSTRUCTIONS

1. Issuing Financial Institution

The Certificate of Deposit (CD) must be issued jointly in the name of the taxpayer AND the Missouri Department of Revenue. The type of ownership of the business determines how the taxpayer's name must be listed on the CD:

- 1) Sole Proprietor — Name of individual
- 2) Partnership — Name of ALL partners
- 3) Corporation — Name of the corporation
- 4) Limited Partnership — Name of the limited partnership
- 5) Limited Liability Company — Name of the limited liability company
- 6) Limited Liability Partnership — Name of the limited liability partnership

The taxpayer's name must be joined with the Missouri Department of Revenue's name with the word "AND" on the CD. The CD must be at least a 24 month (2 year) CD.

The Assignment of Certificate of Deposit must be completed by the financial institution. It must be fully completed and the bank official's name must be notarized. The form must also be signed by the taxpayer (sole proprietor, a partner, a corporate officer or a member). The signature card should be attached to the assignment form. The Department of Revenue will sign the signature card and return it to the financial institution.

The information returns, interest payments and correspondence concerning the CD must be issued to the taxpayer. Upon presentation of a release form issued by the Missouri Department of Revenue, a check may be issued or made payable to the taxpayer.

2. Taxpayer

The CD must be endorsed in ink or accompanied by a signed withdrawal slip. If the certificate of deposit is a "Book Entry" CD it must be accompanied by a signed withdrawal slip or a letter from the issuing financial institution indicating how the Department of Revenue may draw upon the CD. The endorsement or withdrawal slip signature must be by the owner if the business is a sole ownership, all partners listed on the CD if the business is a partnership, an officer if the business is a corporation, a general partner if the business is a limited partnership or limited liability partnership, or by a member if the business is a limited liability company. The CD, this assignment form and the signature card should be forwarded to: Missouri Department of Revenue, PO Box 300, Jefferson City, MO 65105-0300.



MISSOURI DEPARTMENT OF REVENUE
RELEASE

AUTHORITY TO RELEASE THE ABOVE LISTED CERTIFICATE OF DEPOSIT IS HEREBY GRANTED THIS _____
DAY OF _____, _____. PLEASE MAIL ANY PROCEEDS FROM THE CERTIFICATE OF
DEPOSIT TO _____.

MISSOURI DEPARTMENT OF REVENUE

BY: _____

TITLE: _____